S. APPLICATION NO. (IF KNOWN, SEE 37 CF INTERNATIONAL APPLICATION NO. PCT/JP00/03581			ATTORNEY'S DOCKET NUMBER 10059-371US (P23072-01)		
21. The following fees are submitted:.			CALCULATION	S PTO USE ONLY	
BASIC NATIONAL FEE (37 CFR 1.492 (a) (1) - (5)): Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2) paid to USPTO and International Search Report not prepared by the EPO or JPO					
☐ International preliminary examination fee (37 CFR 1.482) not paid to USPTO but Internation Search Report prepared by the EPO or JPO					
☐ International preliminary examination fee (37 CFR 1.482) not paid to USPTO but international search fee (37 CFR 1.445(a)(2)) paid to USPTO					
☐ International preliminary examination fee paid to USPTO (37 CFR 1.482) but all claims did not satisfy provisions of PCT Article 33(1)-(4)				·	
International preliminary examination fee paid to USPTO (37 CFR 1.482) and all claims satisfied provisions of PCT Article 33(1)-(4)\$100.00					
ENTER APPROPRIATE BASIC FEE AMOUNT =				\$860.00	
Surcharge of \$130.00 for furnishing the oath or declaration later than months from the earliest claimed priority date (37 CFR 1.492 (e)).				\$0.00	
CLAIMS NUMBER FILED	NUMBER EXTRA	RATE		00.00	
Total claims 8 - 20 =	0	x \$18.0		\$0.00 \$0.00	
Independent claims 2 - 3 =	0	x \$80.00		\$0.00 \$0.00	
Multiple Dependent Claims (check if applicable). TOTAL OF ABOVE CALCULATIONS			=	\$860.00	
Reduction of 1/2 for filing by small entity, if applicable. Verified Small Entity Statement must also be filed (Note 37 CFR 1.9, 1.27, 1.28) (check if applicable).				\$0.00	
		FOTAL	=	\$860.00	
Processing fee of \$130.00 for furnishing the English translation later than 20 30 months from the earliest claimed priority date (37 CFR 1.492 (f)).				\$0.00	
TOTAL NATIONAL FEE =			\$860.00		
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31) (check if applicable).				\$0.00	
TOTAL FEES ENCLOSED =			\$860.00		
			Amount to be: refunded	\$	
				charged	\$
A check in the amount of \$860.00 to cover the above fees is enclosed. Please charge my Deposit Account No. in the amount of to cover the above fees. A duplicate copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment					
to Deposit Account No. 50-1017 A duplicate copy of this sheet is enclosed.					
NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.					
SEND ALL CORRESPONDENCE TO:		1/1		W Schw	* 10 -
William W. Schwarze SIGNATURE				July John	30
Akin Gump Strauss Hauer & Feld, LLP					
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Philadelphia, PA 19103-7086 NAME					
Direct Dial (215) 965-1270 Facsimile (215) 965-1210	25,918				<u> </u>
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·		DATE			